

of the senses impaired, except a slight weakness of vision, and yet the brain was extensively disorganized.

The blood had merely separated into serum and crassamentum.

This case is interesting, in a medico-legal view (if we allow that the blood may have been extravasated during fourteen days,) from the accidental occurrence of the blow on the head.

T. R. B.

49. *Memoir on Feigned Diseases.* By M. OLLIVIER, (D'Angers.)—Dr. Ollivier divides these into three classes; the pretended, the produced, (*provoqués*), and the feigned strictly so called.

To the first class belong all the varieties of pain, as neuralgia, rheumatism, &c., lameness and injuries from falls or blows. The difficulty in deciding on these arises from the absence of external indications, and the fact that the symptoms may long continue without producing any manifest change. In all cases, the character of the patient, and the motives by which he may be influenced should be considered.

In induced or produced diseases, the point to be decided by the medical examiner is, whether the complaint which *actually* exists has been caused by foul means. Thus amaurosis has been attempted to be feigned by the repeated application of belladonna, and ophthalmia by the use of irritants. Cases of this description require narrow watching. The dilatation of the pupil will subside in a few hours unless the belladonna be reapplied, and ophthalmia will also run its usual course if the irritation be discontinued. Dr. Ollivier mentions an affecting case of an individual who, in order to avoid the conscription, had his eye cauterized. It ended in blindness, and the subject in despair committed suicide. Mutilations and wounds belong also to this class. A female stated that in resisting an attempted robbery, a pistol had been discharged at her at a very short distance, and that she was wounded. She could exhibit no mark except a very slight one on the chin. No trace of powder could be discerned on her skin, nor on that of an infant which she bore on her right arm. The dress also where it was injured resembled rather the effects of burning than of a fire-arm. It was doubtless a case in which the individual endeavoured to excite some interest in her favour or to attract notice.

The following, however, has a more malignant character. A female was accidentally injured by a carriage in the streets of Paris. Madame C—, the owner, removed her immediately to the royal *Maison de Santé*, where she was carefully attended. The wounds proved to be merely superficial, and there was a prospect of a speedy recovery. Meanwhile some kind friend whispered to her that she should demand damages of Madame C—, and accordingly the wounds soon became worse. Some that had cicatrized now began to suppurate, and violent and constant pain was stated to be present. Madame C— had offered a liberal sum in compensation, but a much larger one was now demanded.

When the cause came before the court, our author was desired to visit the invalid. He found her in apparent good health, but on examining the wounds, they were all ascertained to be dressed with *epispastic ointment*, and boxes of this medicine were seen in the bed and on the night table. In this manner the illness had been prolonged. The court at once dismissed the application for increased damages.

In the third class occur those cases of refined ingenuity which often baffle the most acute observer. We have cause for suspicion when the symptoms continue most obstinately stationary, and yet the individual continues to enjoy good health. This to the public would seem to prove the reality of the disease, although it in fact only shows the perseverance of the simulator.

Drs. Jacquemin and Ollivier were ordered, in April 1840, to visit in prison a man named Guignard, aged fifty years, who had been repeatedly found begging in various parts of Paris, and while doing so was attacked with vomiting of blood, swelling of the abdomen and epilepsy.

It would seem that some weeks previous, being taken in the street with hæmatemesis, he was conveyed to the Hospital of Charity. Bouillaud, after

attending him for some days, became convinced that the disease was feigned. On his report, Guignard was sent to prison, and when there, was recognized as having been committed in 1828, and repeatedly since, for street begging and pretending disease. He was a shoemaker by trade, and lived in an obscure part of the town, yet he was always seized in some of the rich districts, and at those hours (from two to four P. M.) when the streets were most filled. The attacks usually came near the gate of some wealthy resident; epileptic convulsions seized him, blood was discharged in pools, and his abdomen swelled. A crowd naturally gathered around, and when he had gradually recovered, he stated that he had received a blow on the stomach with the butt-end of a gun in 1815. He had been in the hospital, but was declared incurable, and was now returning home if he could receive the necessary alms. In this way he obtained many donations.

The medical observers repeatedly witnessed Guignard under his attacks of epilepsy. They were admirable imitations of the real disease. The eyes and countenance were distorted, the tongue was locked between the teeth, and there was foaming at the mouth, with the thumbs firmly contracted into the palms of the hands. Yet he recovered instantly and completely from these, and on examination the tongue and teeth were seen uninjured, bearing no trace of a wound or cicatrix. Even a mark of the pressure of the teeth on the tongue could not be discovered.

The prisoner ascribed to the blow already noticed the formation of a swelling at the pit of his stomach. This varied according to circumstances. When he expected a visit, the tumefaction was large and resembled tympanitis, but when suddenly seen, there was only a hard, knotty, and apparently scirrhous swelling. One day Dr. Ollivier placed himself at a wicket, looking into the infirmary of the prison; Guignard was quietly walking with another individual, when a person previously instructed, came up to him and said, Dr. Ollivier is in the house, and will probably visit the infirmary. Guignard retired to his bed and commenced drinking his tisan. In a few moments Dr. O. observed movements with the lips and head resembling those of a person making a difficult and prolonged respiration. The abdomen soon began to swell, and he was seen to raise his shirt and examine it by touching. When satisfied he leaned against his bed in the attitude of a person suffering.

Dr. Ollivier caused him to be brought into his room at the end of ten minutes, and required him to sit down leaning forwards with his elbows resting on his thighs. He engaged him in conversation so as to divert his thoughts, and then applied continued pressure to the epigastrium. The swelling soon disappeared, and without any gurgling or eructations.

When examined during sleep the abdomen was flat and soft without any trace of a tumour.

In the opinion of Dr. Ollivier, the means resorted to, to produce these appearances were as follows:—When suddenly visited, the partial effect was induced by lowering the diaphragm and contracting the muscles of the abdomen. This by continued habit he was able to do quickly, and thus produced the semblance of a tumour. The full distension was undoubtedly caused by the swallowing of air. The muscles of the face and lips were always, when this was present, in a state of continued contraction, and a weeping of the eyes consequent on these efforts was particularly noticed.

As to the vomiting of blood, some denied that it had ever actually occurred, and asserted that he carried about with him a bottle filled with the fluid, and scattered it, when seized, on the ground. Dr. Ollivier, however, saw him repeatedly discharge blood by the mouth, and had no doubt of its coming from the stomach. How was this to be explained, in an individual of good health, with an excellent appetite, and yet suffering under hæmatemesis for twenty-five years? The mystery was solved by examining the condition of the veins in his arms. It was impossible to count the number of cicatrices. There were at least one hundred on each arm. When asked to explain these, he said that he had been repeatedly bled, but he could not name a single physician who had ope-

rated, and the incisions were so large and irregular, as scarcely to have been made by any medical man.

While in prison, the vomiting recurred, and as he bore no marks of recent bleeding, it became necessary to ascertain how he had obtained the blood. On one occasion, after being long absent in the water closet, he was suddenly stripped of his clothes, and beneath his shirt was found a vine twig, covered with clots. This he had introduced into his nostrils, excoriating the parts, and then by his efforts of inspiration and deglutition, conveyed the blood into his stomach.

Being satisfied from these investigations, that the diseases were altogether feigned, Dr. Ollivier so reported to the police, and the prisoner was condemned to prison for a year, and afterwards to be secluded in a poorhouse.

At the date of this report, (six months after the sentence,) Guignard continued in perfect health. In not a single instance had either of his former maladies recurred.—*Annales d' Hygiène*, Jan. 1841.

T. R. B.

**50. Presumption of Survivorship. Case of Robert Murray, deceased.**—Robert Murray, with his wife and only child, proceeded on a voyage from Dublin to Quebec on board the barque Emerald, of London, in Oct. 1837; on the 25th, during a severe gale, at eleven o'clock at night, the vessel struck the land. When this happened, Murray was on deck, and his wife and child were in the cabin. Murray went below, and shortly after the vessel again struck the land and went to pieces, and the deceased, his wife and child, were drowned.

The above circumstances were set forth in an affidavit by the mate, who survived. The deceased left a will, in which he had bequeathed the whole of his property to his wife.

The court on motion granted administration with the will annexed, to the next of kin of the husband, as dead, a widower; there being nothing to show that the wife survived, the next of kin of the wife consenting.

**Satterthwaite against Powell.**—Major Armett, of the British army, his wife and four children, sailed in January, 1819, on a voyage from Bristol to Cork. The vessel was lost in the channel, and every one on board perished.

Previous to marriage there had been a settlement on the wife, for her separate use, and after her death, for the husband, in case he should survive her. Subsequent to this she had the power to devise it among her children. She died intestate, and letters of administration were granted to Mary Satterthwaite, widow, as her mother, and next of kin. She was now dead, and had left part of the goods of the deceased unadministered, and the question was, whether administration of the unadministered effects of Ann Armett should be granted to her next of kin, or to the representatives of the husband.

The counsel for the latter contended, that the ordinary presumption of law should be followed, viz., that where the husband and wife perished by the same accident, the former shall be deemed to have survived. "Here the property was the wife's, and there being nothing to show that she survived, and the presumption being that the husband would live the longest, the administration should go to his representative."

The court (Sir Herbert Jenner) said, "the principle had been frequently acted upon, that where a party dies possessed of property, the right to that property passes to his next of kin, unless it be shown to have passed to another by survivorship. Here the next of kin to the husband claims the property which was vested in his wife; that claim must be made out; it must be shown that the husband survived. The property remains where it is found to be vested, unless there be evidence to show that it has been divested."

"The parties in this case must be presumed to have died at the same time, and there being nothing to show that the husband survived his wife, the administration must pass to the next of kin."—*Curtis' Ecclesiastical Reports*, vol. i.

T. R. B.

**51. Poisoning with the Salts of Copper.**—The thesis of M. LEFORTIER, on this subject, states some experiments which deserve a brief analysis. He confirms